Revised December 1974

## CALIFORNIA LIQUID WASTE HAULER RECORD STATE WATER RESOURCES CONTROL BOARD

015-

STATE DEPARTMENT OF HEALTH

STATE DEPARTM			ENT OF HEALTH	SFUND RECORDS CTR
PRODUCER OF WASTE (Mu	st be filled by producer)		HAULER OF WASTE (Must be filled by hauler)	999000737
Pick up Address: 5/5/ ALCOA AVE FRIDN- CALIF CODE NO.			ASBURY OIL CO. 13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392	CODE NO.
Telephone Number 213) 588 614) P.O. or Contract No.: 187556			Pick Up:	Time:pm
Order Placed By: J. HERON Date: 6-30-79			State Liquid Waste Hauler's Registration No. (if applicable):	
Type of Process which Produced Wastes: AUNINUM +ABRICATORS  (Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)			Vehicle:	Unit No.
DESCRIPTION OF WASTE (Must be filled by producer)			The described waste was hauled by me to the disposal facility named below and was accepted.	11/1//
Check type of wastes:  1. Acid solution 6. Tetraethyl lead sludge 11. Contaminated soil and sand			I certify (or declare) under penalty of perjury that the foregoing is true and correct.	4564
2. Alkaline solution	7. 🗌 Chemical toilet wastes	12. 🗌 Cannery waste	DISPOSED OF WASTE (Must be filled (M-Michages)	
3. 🗌 Pešticides	8. Tank bottom sediment	13. 🗖 Latex waste	DISPOSER OF WASTE (Must be filled (1) PROPERTING INDUSTRAL	S In Common I
4. 🗆 Paint sludge	9. 🗆 Oil	14. Mud and water	Name (print or type):	
5. 🗆 Solvent	10. Drilling mud	15. 🗆 Brine	Site Address: Monterey Fark, Calir. C	17 75
CODE NO.			The hauler above delivered the described waste to this disposal facility armaterial under the terms of RWQCB requirements, State Department of local restrictions.	nd it was an acceptable
phenolics, solvents (list), metals (list), Upper Lower % ppm organics (list), cyanide)			Quantity measured at site (if applicable):State f	ee (if any):
			Handling Method(s):	1
			☐ recovery	
			treatment (specify):	
3			EXAMPLES: INCINERATION, NEUTRALIZATION, PRECI	ection well
4.			Other (specify):	
5.			If waste is held for disposal elsewhere specify final location:	CODE NO.
6.			Disposal Date: 6-30-77	
Hazardous,Properties of Waste:  pH			I certify (or declare) under penalty of perjury that the foregoing is true and correct.	HORIZED AGENT AND TITLE
Bulk Volume	gal □ tons □	barrels (42 gal.) Other [SPECIFY]	The site operator shall submit a legible copy of each completed Record t Health with monthly fee reports.	
Containers:(NUMBER)	drums	bags Othe ANK		
Physical State:	□ solid 🔀 liquid 🤘	sludge other specify	()	
Special Handling Instructions (if any):				
	NON			
The weste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).				
I certify (or declare) under pe that the foregoing is true and		7. 10 like	FOR INFORMATION RELATED TO SPILLS OR OTHER EMER HAZARDOUS WASTE OR OTHER MATERIALS CALL	
	SIGNATUR	OF AUTHODIES AVENT AND TITLE	D.O.T. Proper Shipping Name	